

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36	1					
37		1				
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	13		36		49	
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69		1				
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72		1				
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77	1					
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80	1					
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84						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13		36		49	
TOTAL DEP.						
TOTAL CLAIMS						